

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

**Voluntary Petition**

NAME OF DEBTOR <b>Miguel A Ortiz</b>	JOINT DEBTOR <b>Angie Ortiz</b>
ALL OTHER NAMES USED BY THE DEBTOR IN THE LAST 6 YEARS (including married, maiden & trade)	ALL OTHER NAMES USED BY THE JOINT DEBTOR IN THE LAST 6 YEARS (including married, maiden & trade) <b>Angie Santiago</b>
SOC. SECURITY #/TAX I.D. NO (If more than one, state all) IF FALSE OR FRAUDULENT DO NOT SIGN THIS PETITION & COMMIT PERJURY!!! (Last 4 digits of Social)  <b>***_**-4434</b>	SOC. SECURITY #/TAX I.D. NO (If more than one, state all) IF FALSE OR FRAUDULENT DO NOT SIGN THIS PETITION & COMMIT PERJURY!!! (Last 4 digits of Social)  <b>***_**-6239</b>
STREET ADDRESS OF DEBTOR <b>4156 West Belden 2nd Floor Chicago IL 60639</b>	STREET ADDRESS OF JOINT DEBTOR <b>4156 West Belden 2nd Floor Chicago IL 60639</b>
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Cook</b>	COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Cook</b>
MAILING ADDRESS OF DEBTOR	MAILING ADDRESS OF JOINT DEBTOR

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (IF DIFFERENT FROM STREET ADDRESS ABOVE)

**NOT APPLICABLE**

**Information Regarding the Debtor (Check the Applicable Boxes)**

**VENUE (Check any applicable box)**

Debtor has been domiciled or has had a residence, principal place of business or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District

**TYPE OF DEBTOR (Check all boxes that apply)**

Individual(s)       Railroad  
 Corporation       Stockbroker  
 Partnership       Commodity Broker  
 Other \_\_\_\_\_

**CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box)**

Chapter 7       Chapter 11       Chapter 13  
 Chapter 9       Chapter 12        
 Sec 304 O—Case ancillary to foreign proceeding

**NATURE OF DEBTS (Check one box)**

Consumer/Non-Business       Business

**FILING FEE (Check one box)**

Full Filing Fee attached  
 Filing Fee to be paid in installments (Applicable to individuals only).  
 Must attach signed application for the court consideration certifying that the debtor is unable to pay fee except in installments.  
 Rule 1006(b)(y) See Official Form No. 3

**CHAPTER 11 SMALL BUSINESS (Check all boxes that apply)**

Debtor is a small business as defined in 11 U.S.C. S101  
 Debtor is and elects to be considered a small business under 11 U.S.C. Sec.1121(e) (Optional)

**STATISTICAL/ADMINISTRATIVE INFORMATION (Estimates Only)**

Debtor estimates that funds will be available for distribution to unsecured creditors  
 Debtor estimates that, after any exempt property is excluded and administrative expenses are creditors.

ESTIMATED NO. OF CREDITORS       138ESTIMATED ASSETS       \$ 33,000ESTIMATED DEBTS       \$ 93,543

**U.S. Bankruptcy Court  
Northern District Of Illinois**

Filed: 06/30/2004

Time: 15:45:01

Debtor: MIGUEL A ORTIZ

Case: 04-24567 Fee : 194

Chapter: 13 Rec. #: 3088548

Judge: Pamela Hollis

341 mtg: 07/26/2004 @ 03:00PM

ConfHrs: 08/23/2004 @ 10:00AM

Trustee: MARILYN MARSHALL



1:04BK24567-BK001

1 Voluntary Petition

NAME OF DEBTOR(s)

Miguel A Ortiz

Angie Ortiz

(This page must be completed and filed in every case)

I STATE THAT I FILED THE FOLLOWING OTHER BANKRUPTCY CASES WITHIN LAST 6 YEARS (IF BLANK, THIS IS FIRST IN 6 YRS)

LOCATION WHERE FILED:	CASE NO.	DATE FILED

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR(S)

NAME OF DEBTOR:	CASE NUMBER:	DATE:
DISTRICT	RELATIONSHIP:	JUDGE:

**Exhibit A** (To be completed only if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) to the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  
 Exhibit A is attached and made a part of this petition

**Exhibit C** Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? NO If yes and Exhibit C is attached and made a part of this petition \_\_\_\_\_ XXXX No

Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document Printed Name of Bankruptcy Petition Preparer \_\_\_\_\_ Social Sec# \_\_\_\_\_ Address \_\_\_\_\_  
 Signature of Bankruptcy Petition Preparer A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines of imprisonment of both 11 U.S.C. 110; 18 U.S.C. 156.

## DEBTOR (S) READ ENTIRE PETITION SIGN, AND DATE BELOW & EVERY OTHER PAGE REQUIRED

I declare under penalty of perjury that the information provided in this petition is true and correct. I am aware that I may proceed under Chapter 7, 11, 12 or 13 of Title 11, U.S. Code, understand the relief available under each such Chapter and choose to proceed. I request relief in accordance with the Chapter of Title 11, United States Code, specified in this petition.

Dated: 6/26/2004

**Sign: X** Miguel A. Ortiz  
 Miguel A Ortiz

Dated: 6/26/2004

**Sign: X** Angie Ortiz  
 Angie Ortiz

Exhibit B - Signature of Attorney

Andrew B. Nelson

Attorney Name: Andrew B Nelson

Bar No: 6276704

Law Offices of Peter Francis Geraci  
55 E. Monroe Street #3400Chicago IL 60603  
312.332.1800  
312.332.6354 Fax

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that (he or she) may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each Chapter.

Andrew B. Nelson

Attorney Name: Andrew B Nelson

Dated: 6/30/2004

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under Chapter 7 of the Bankruptcy Code. This information is intended to make you aware of ...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the bankruptcy code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

#### WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every six (6) years.

#### WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy.

#### WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary – they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at anytime before the court issues your discharge order OR within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

#### OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$307,000 in unsecured debts and \$922,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re Miguel A Ortiz and Angie Ortiz / Debtors

Case No. :

Attorney for Debtor: Andrew B Nelson

STATEMENT Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b), Rules of Bankruptcy Procedure, states that:

1. The compensation paid or promised by the Debtor(s), to the undersigned, is as follows:

For legal services rendered, Debtor(s) agrees to pay	\$	2,700
Prior to the filing of this Statement, Debtor(s) has paid	\$	100
Balance Due	\$	2,600

2. The Filing Fee has been paid.

3. The Service rendered or to be rendered include the following:

- (a) Analysis of the financial situation, and rendering advice and assistance to the client in determining whether to file a petition under Title 11, U.S.C.
- (b) Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
- (c) Representation of the client at the first meeting of creditors.
- (d) Advice as required.

4. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and none other.

5. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed and none other.

6. The undersigned has received no transfer, assignment or pledge of property from the debtor(s) except the following for the value stated: None.

7. The undersigned has not shared or agreed to share with any other entity, other than with members of the undersigned's law firm, any compensation paid or to be paid without the client's consent, except as follows: None.

Dated: June 30 /2004

Respectfully submitted,  
  
Attorney Name: Andrew B Nelson

Bar No: 6276704

Law Offices of Peter Francis Geraci  
55 E. Monroe Street #3400

Chicago IL 60603  
312.332.1800

In re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Description and Location of Property	Nature of Debtor's Interest in Property	H W J C	Market Value of Debtor's Interest	Amount of Secured Claim
<b>[x] None</b>				

In re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	H W J C	Market Value of Debtor's Interest Before Claim
01. Cash on Hand		<u>[x] None</u>
02. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations or credit unions, brokerage houses, or cooperatives.		
Charter One Bank Checking Account with no balance - Account #XXX8302		None
Charter One Bank Checking Account with no balance - Account #XXX5208		None
03. Security Deposits with public utilities, telephone companies, landlords and others.		<u>[x] None</u>
04. Household goods and furnishings, including audio, video, and computer equipment.		
Household goods; 2 TV, DVD, VCR, stereo, camera, sofa, vacuum, table, chairs, lamps, entertainment center, bedroom sets, stove, refrigerator, microwave, pots/pans, dishes/flatware, bikes		\$ 2,000
05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		
80 Compact Discs		\$ 160

In re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	H W J C	Market Value of Debtor's Interest Before Claim
<b>06. Wearing Apparel</b>		
Necessary wearing apparel		\$ 400
<b>07. Furs and jewelry.</b>		
Earrings, watch, costume jewelry		\$ 90
<b>08. Firearms and sports, photographic, and other hobby equipment.</b>		<u>[x] None</u>
<b>09. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.</b>		
Term Life Insurance - No Cash Surrender Value.		None
Term Life Insurance - No Cash Surrender Value.		None
<b>10. Annuities</b>		<u>[x] None</u>
<b>11. Interest in IRA,ERISA, Keogh, or other pension or profit sharing plans.</b>		
401K with Employer/Former Employer - 100% Exempt		\$ 15,500
<b>12. Stocks and interests in incorporated and unincorporated businesses.</b>		<u>[x] None</u>
<b>13. Interest in partnerships or joint ventures.</b>		<u>[x] None</u>
<b>14. Government and corporate bonds and other negotiable and non-negotiable instruments.</b>		<u>[x] None</u>
<b>15. Accounts receivable</b>		<u>[x] None</u>
<b>16. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled</b>		<u>[x] None</u>
<b>17. Other liquidated debts owing debtor including tax refunds.</b>		<u>[x] None</u>
<b>18. Equitable and future interests, life estates, and rights of power exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.</b>		<u>[x] None</u>
<b>19. Contingent and Non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.</b>		<u>[x] None</u>
<b>20. Other contingent and unliquidated claims of every nature, including tax refunds, counter claims of the debtor, and rights to setoff claims. Give estimated value of each.</b>		<u>[x] None</u>
<b>21. Patents, copyrights and other intellectual property.</b>		<u>[x] None</u>

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	H W J C	Market Value of Debtor's Interest Before Claim
22. Licenses, franchises and other general intangibles.		<u>[x] None</u>
23. Autos, Truck, Trailers and other vehicles and accessories.		
SST - 2000 Ford Taurus - (over 38,000 miles)	J	\$ 7,750
Transouth - 2002 Ford Escort ZX2 - (over 18,500 miles) Debtors are surrendering their interest.	J	\$ 7,100
24. Boats, motors and accessories.		<u>[x] None</u>
25. Aircraft and accessories.		<u>[x] None</u>
26. Office equipment, furnishings, and supplies.		<u>[x] None</u>
27. Machinery, fixtures, equipment, and supplies used in business.		<u>[x] None</u>
28. Inventory		<u>[x] None</u>
29. Animals		<u>[x] None</u>
30. Crops-Growing or Harvested.		<u>[x] None</u>
31. Farming equipment and implements.		<u>[x] None</u>
32. Farm supplies, chemicals, and feed.		<u>[x] None</u>
33. Other personal property of any kind not already listed.		<u>[x] None</u>
	Total	\$ 33,000

**SCHEDULE C - PROPERTY CLAIMED EXEMPT**

11 U.S.C S522(b)(1): Exemptions provided in 11 U.S.C. S522(d). Note: These exemptions are available only in certain states.

11 U.S.C. S522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Exemption	Value of Claimed Exemption	Market Value of Debtor's Interest Before Claim
04. Household goods and furnishings, including audio, video, and computer equipment.			

**SCHEDULE C - PROPERTY CLAIMED EXEMPT**

[ ] 11 U.S.C S522(b)(1): Exemptions provided in 11 U.S.C. S522(d). Note: These exemptions are available only in certain states.  
[x] 11 U.S.C. S522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Exemption	Value of Claimed Exemption	Market Value of Debtor's Interest Before Claim
<b>04. Household goods and furnishings, including audio, video, and computer equipment.</b>			
Household goods;2 TV, DVD, VCR, stereo, camera, sofa, vacuum, table, chairs, lamps, entertainment center, bedroom sets, stove, refrigerator, microwave, pots/pans, dishes/flatware, bikes	735 ILCS 5/12-1001(b)	\$ 2,000	\$ 2,000
<b>05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.</b>			
80 Compact Discs	735 ILCS 5/12-1001(a)	\$ 160	\$ 160
<b>06. Wearing Apparel</b>			
Necessary wearing apparel	735 ILCS 5/12-1001(a),(e)	\$ 400	\$ 400
<b>07. Furs and jewelry.</b>			
Earrings, watch, costume jewelry	735 ILCS 5/12-1001(a),(e)	\$ 90	\$ 90
<b>11. Interest in IRA,ERISA, Keogh, or other pension or profit sharing plans.</b>			
401K with Employer/Former Employer - 100% Exempt	735 ILCS 5/12-1006	\$ 15,500	\$ 15,500
<b>23. Autos, Truck, Trailers and other vehicles and accessories.</b>			
SST - 2000 Ford Taurus - (over 38,000 miles)	735 ILCS 5/12-1001(c)	\$ 2,400	\$ 7,750

BY WHOM

Case No. : \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC".

Creditor's Name and Mailing address including Zip Code	Date claim was incurred, nature of lien and description and market value of property subject to lien	HC   U   DI WO   N   S J N   L   P C T I   Q   U N   U   T G   D   E E   A   D N   T   E T   D	Amount of claim without deducting value of collateral	Unsecu red portion, if any
<b>Co-Debtor</b>				

<b>1 <u>SST</u></b>	2001 Lien on Vehicle	\$ 19,549	\$ 11,799
Account No. 3688827 Bankruptcy Department PO Box 801997 Kansas City MO 64180-1997	Value: \$ 7,750 SST - 2000 Ford Taurus - (over 38,000 miles)	J	
<b>2 <u>Transouth</u></b>	2003 Lien on Vehicle	\$ 12,000	\$ 4,900
Account No. 1389398701 Bankruptcy Department PO Box 782 Owings Mills MD 21117-0781	Value: \$ 7,100 Transouth - 2002 Ford Escort ZX2 - (over 18,500 miles) Debtors are surrendering their interest.	J	
	<b>TOTAL</b>	<b>\$</b>	<b>31,549</b>

In Re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C", in the column labeled "HWJC".

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance or support, to the extent provided in 11 U.S.C. S507(a) (7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. S507(a) (8).

Creditor Name and Address	Date Claim was Incurred Consideration for Claim	HC   U   DI WO   N   S J N   L   P C T I   Q   U N   U   T G   D   E E   A   D N   T   E T   D	Claim Amount and Notes*
---------------------------	--	--	----------------------------

**Case No. :** \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "B", or "C", in the column labeled "HWJC".

**Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance or support, to the extent provided in 11 U.S.C. S507(a) (7).**

**Taxes and Certain Other Debts Owed to Governmental Units**

**Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. S507(a) (8).**

Creditor Name and Address	Date Claim was Incurred Consideration for Claim	HC W J C N G E T	U N L Q U D A T E D	Claim Amount
				and Notes*
1 <b><u>Internal Revenue Service</u></b> Account No. 355624434 Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604	20001			\$ 543
		Representing:	<u>Internal Revenue Service</u>	
2 <b><u>Internal Revenue Service</u></b> Account No. 355624434 Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604	2002			\$ 1,265
		Representing:	<u>Internal Revenue Service</u>	
3 <b><u>Internal Revenue Service</u></b> Account No. 355624434 Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604	2003			\$ 1,659
		Representing:	<u>Internal Revenue Service</u>	
4 <b><u>Child Support Enforcement</u></b> Account No. 89CS008166 Attn: Bankruptcy Dept. PO Box 19405 Springfield IL 62794-9405	1989			\$ 400
		Total	\$	3,867

### Description

**BY WHOM**

Case No. : \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If a joint petition is filed, state whether husband, wife, both of them, or the martial community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
1 <b><u>Advocate Illinois Masonic</u></b> Account No. 704615277  Bankruptcy Department 22393 Network Pl. Chicago IL 60673	2004  Medical/Dental Services	W \$ 75
2 <b><u>Advocate Illinois Masonic</u></b> Account No. 704621697  Bankruptcy Department 22393 Network Pl. Chicago IL 60673	2004  Medical/Dental Services	W \$ 500
3 <b><u>Advocate Illinois Masonic</u></b> Account No. 704034297  Bankruptcy Department 22393 Network Pl. Chicago IL 60673	2003  Medical/Dental Services	W \$ 50
4 <b><u>Advocate Illinois Masonic</u></b> Account No. 704621697  Bankruptcy Department 22393 Network Pl. Chicago IL 60673	2004  Medical/Dental Services	W \$ 700
5 <b><u>Advocate Illinois Masonic</u></b> Account No. 704623305  Bankruptcy Department 22393 Network Pl. Chicago IL 60673	2004  Medical/Dental Services	W \$ 700
6 <b><u>Advocate Illinois Masonic</u></b> Account No. 704662824  Bankruptcy Department 22393 Network Pl. Chicago IL 60673	2004  Medical/Dental Services	W \$ 70

Case No. : \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the martial community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
7 <b><u>Advocate Northside Health Syst</u></b> Account No. 12-4938319  Bankruptcy Department 22481 Network Pl. Chicago IL 60673	2003  Medical/Dental Services	W \$ 600
8 <b><u>Capital One</u></b> Account No. 5291-1520-3845-2732  Bankruptcy Department PO Box 60000 Seattle WA 98190	2000  Credit Card or Credit Use	W \$ 300
9 <b><u>Capital One</u></b> Account No. 4862-3622-0546-1679  Bankruptcy Department PO Box 60000 Seattle WA 98190	2001  Credit Card or Credit Use	W \$ 600
10 <b><u>Card member Services</u></b> Account No. 6218-7820-0004-8478  NO SUCH NUMBER DO NOT USE PO Box 22058 Tulsa OK 74121-2058  Genesis Financial Solutions Bankruptcy Department PO Box 2445 Harker Heights TX 76548	2003  Credit Card or Credit Use  Representing: <u>Card member Services</u>	W \$ 400
11 <b><u>Centennial Medical Management</u></b> Account No. MULTIPLE ACCOUNTS  c/o Healthcare Revenue Managem 3500 W. Peterson Ave. Chicago IL 60659	1998  Medical/Dental Services	H \$ 510

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
12 <b><u>Childrens Memorial</u></b> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 2300 Childrens Chicago IL 60614	1997 Medical/Dental Services  Payco General American Credits Attn: Bankruptcy Department 180 N. Executive Dr. Brookfield WI 53005-6053	W \$ 700  Representing: <u>Childrens Memorial</u>
13 <b><u>Childrens Memorial</u></b> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 2300 Childrens Chicago IL 60614	1997 Medical/Dental Services	W \$ 400
14 <b><u>Childrens Memorial</u></b> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 2300 Childrens Chicago IL 60614	1996 Medical/Dental Services	W \$ 1,000
15 <b><u>Childrens Memorial</u></b> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 2300 Childrens Chicago IL 60614	1996 Medical/Dental Services	W \$ 475
16 <b><u>Children's Surgical Foundation</u></b> Account No. S64107/C82373  Bankruptcy Department Dept. 77-3383 Chicago IL 60678	1997 Medical/Dental Services	W \$ 70

Case No. : \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
17 <u>City of Chicago Bureau Parking</u> Account No. 5047232650  Bankruptcy Department 333 S. State St., Rm. 540 Chicago IL 60604	2003-2004  Fines	J \$ 100
18 <u>City of Chicago Bureau Parking</u> Account No. 5028077660  Bankruptcy Department 333 S. State St., Rm. 540 Chicago IL 60604	2002  Fines	J \$ 780
19 <u>City of Chicago Bureau Parking</u> Account No. 5035140620  Bankruptcy Department 333 S. State St., Rm. 540 Chicago IL 60604	2002  Fines	H \$ 670
20 <u>City of Chicago Bureau Parking</u> Account No. 5028902900  Bankruptcy Department 333 S. State St., Rm. 540 Chicago IL 60604	2002  Fines	H \$ 400
21 <u>City of Chicago Bureau Parking</u> Account No. 5020335080  Bankruptcy Department 333 S. State St., Rm. 540 Chicago IL 60604	2002  Fines	H \$ 130
22 <u>Costep</u> Account No. 334546239  Bankruptcy Department PO Box 809 Canyon TX 79015	1989  Loan or Tuition for Education	W \$ 5,900

Case No. :

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
23 <b><u>Cub Foods</u></b> Account No. 93259003123	1998 NSF Checks	W \$ 100
Bankruptcy Department 600 E. Rand Rd. Arlington Heights IL 60004-4079	Merchants Credit Guide Co. Bankruptcy Department 223 W. Jackson Blvd. Chicago IL 60606	Representing: <u>Cub Foods</u>
24 <b><u>Dental Team</u></b> Account No. 1-9312-1976	1999 Medical/Dental Services	H \$ 150
c/o Credit Management Services PO Box 91870 Elk Grove Village IL 60009		
25 <b><u>Diversified Emergency Service</u></b> Account No. MULTIPLE ACCOUNTS	2004 Medical/Dental Services	W \$ 900
c/o Credit Systems Internation PO Box 1088 Arlington TX 76004		
26 <b><u>Diversified Emergency Services</u></b> Account No. MULTIPLE ACCOUNTS	2004 Medical/Dental Services	W \$ 750
c/o Van Ru Credit Corp. 10024 Skokie Blvd. Suite 3 Skokie IL 60077		
27 <b><u>Diversified Emergency Services</u></b> Account No. 19627	2004 Medical/Dental Services	W \$ 250
c/o Van Ru Credit Corp. 10024 Skokie Blvd. Skokie IL 60077		

Case No. :

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
28 <b>Diversified Emergency Services</b> Account No. MULTIPLE ACCOUNTS  c/o Van Ru Credit Corp. 10024 Skokie Blvd. Suite 3 Skokie IL 60077	2004  Medical/Dental Services	W \$ 900
29 <b>Diversified Emergency Services</b> Account No. 2291313  c/o Medtrust Healthcare Servic 4849 Greenville Ave. Suite 400 Dallas TX 75206	2000  Medical/Dental Services	W \$ 100
30 <b>Dominick's</b> Account No. 960791358  Bankruptcy Department 711 Jorie Blvd. Oak Brook IL 60523-2246  Merchants Credit Guide Co. Bankruptcy Department 223 W. Jackson Blvd. Chicago IL 60606	1998  NSF Checks  Representing: <u>Dominick's</u>	W \$ 60
31 <b>Dr. Banuchi &amp; Banuchi S.C.</b> Account No. 155682-118411-040  c/o Depend on Collection Servic PO Box 6074 River Forest IL 60305	1999  Medical/Dental Services	W \$ 400
32 <b>Dr. Howard Lopata</b> Account No. MULTIPLE ACCOUNTS  c/o Illinois Collection Servic PO Box 646 Oak Lawn IL 60454	1994  Medical/Dental Services	W \$ 150

Case No. : \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If any entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the martial community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
33 <b><u>Dr. Howard Lopata</u></b> Account No. 3365548  c/o ICS PO Box 646 Oak Lawn IL 60454	2000  Medical/Dental Services	W \$ 30
34 <b><u>Dr. Howard Lopata</u></b> Account No. MULTIPLE ACCOUNTS  Bankruptcy Department Dept. 77-9276 Chicago IL 60678	1996  Medical/Dental Services	H \$ 75
35 <b><u>Emergency Care Physicians</u></b> Account No. 00338354  55 East 86th Avenue Suite A Merrillville IN 46410	2004  Medical/Dental Services	H \$ 600
36 <b><u>EMSCO Management Services</u></b> Account No. 80K-117739  Attn: Bankruptcy Department PO Box 57820 Chicago IL 60675-5820  Revenue Management Corp. Bankruptcy Department 3725 N. Western Ave. Chicago IL 60618-4705	1996  Credit Card or Credit Use  Representing: <u>EMSCO Management Services</u>	W \$ 100
37 <b><u>EMSCO Management Services</u></b> Account No. 159920  Attn: Bankruptcy Department PO Box 57820 Chicago IL 60675-5820  Wexler & Wexler Bankruptcy Department 500 W. Madison St., #2910 Chicago IL 60661	1991  Credit Card or Credit Use  Representing: <u>EMSCO Management Services</u>	W \$ 100

Case No. :

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
38 <b><u>Gateway Educational Products</u></b> Account No. c/o East Chicago Credit Bureau 602 W. Chicago Ave. East Chicago IN 46312	1995 NSF Checks	W \$ 150
39 <b><u>Grant Hospital of Chicago</u></b> Account No. 2476539 Attn: Bankruptcy Department 550 W. Webster Ave. Chicago IL 60614	1991 Medical/Dental Services	W \$ 100
40 <b><u>HESAA</u></b> Account No. 355624434 Bankruptcy Department PO Box 528 Newark NJ 07101	1996 Loan or Tuition for Education	H \$ 9,000
41 <b><u>Ignacio H. Fornaris MD</u></b> Account No. Bankruptcy Department 2610 W. Division Chicago IL 60622	2003 Medical/Dental Services	W \$ 250
42 <b><u>Illinois Masonic Hospital</u></b> Account No. 703575514 Bankruptcy Department 836 W. Wellington Chicago IL 60657 Medical Recovery Specialists Bankruptcy Department 2350 E. Devon Ave., Ste. 225 Des Plaines IL 60018	2003 Medical/Dental Services  Representing: <u>Illinois Masonic Hospital</u>	W \$ 50

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
<b>43    <u>IMMC Radiologists SC</u></b>  Account No. 8769129  Attn: Bankruptcy Department Box 75285 Chicago IL 60675  Harvard Collection Services Bankruptcy Department 4839 N. Elston Ave. Chicago IL 60630	2003  Medical/Dental Services  Representing: <u>IMMC Radiologists SC</u>	W  \$ 50
<b>44    <u>Internal Revenue Service</u></b>  Account No. 355624434  Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604  CB Accounts Attn: Bankruptcy Dept. 1101 Main Street Peoria IL 61606-1928	1999  Taxes - Federal, State or Loca  Representing: <u>Internal Revenue Service</u>	J  \$ 1,733
<b>45    <u>Internal Revenue Service</u></b>  Account No. 355624434  Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604  CB Accounts Attn: Bankruptcy Dept. 1101 Main Street Peoria IL 61606-1928	2000  Taxes - Federal, State or Loca  Representing: <u>Internal Revenue Service</u>	J  \$ 1,568

Case No. :

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
<b>46 <u>Internal Revenue Service</u></b> Account No. 355624434  Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604  CB Accounts Attn: Bankruptcy Dept. 1101 Main Street Peoria IL 61606-1928	1999  Taxes - Federal, State or Loca  Representing: <u>Internal Revenue Service</u>	H \$ 1,226
<b>47 <u>Internal Revenue Service</u></b> Account No. 355624434  Attn: Bankruptcy Dept. Mail Stop 5010 CHI 230 S. Dearborn St. Chicago IL 60604  CB Accounts Attn: Bankruptcy Dept. 1101 Main Street Peoria IL 61606-1928	1993  Taxes - Federal, State or Loca  Representing: <u>Internal Revenue Service</u>	H \$ 400
<b>48 <u>Jewel Osco/US Bank NA, ND</u></b> Account No. 8514392151-01290760  Attn: Bankruptcy Department PO Box 6345 Fargo ND 58125-6345  Northern Credit Service, Inc. Bankruptcy Department 801 Davis St. 2nd Fl. Evanston IL 60201	1994  NSF Checks  Representing: <u>Jewel Osco/US Bank NA, ND</u>	W \$ 150

Case No. : \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
49 <u>K Mart</u> Account No. 41007064031	1997 NSF Checks	W \$ 50
Attn: Bankruptcy Dept. PO Box 15521 Wilmington DE 19850-5521 Allied Interstate, Inc. Bankruptcy Department PO Box 361475 Columbus OH 43236-1475	Representing: <u>K Mart</u>	
50 <u>M Ramez Salem MD &amp; Assoc.</u> Account No. 8769129-5	2004 Medical/Dental Services	W \$ 150
Bankruptcy Department 222 E. Dundee Rd. Wheeling IL 60090		
51 <u>Martha Washington Hospital</u> Account No. 2392462	1990 Medical/Dental Services	W \$ 160
Bankruptcy Department PO Box 97621 Chicago IL 60690		
52 <u>Melamed JA</u> Account No. 76770/74240	1991 Medical/Dental Services	W \$ 220
Bankruptcy Department		
53 <u>Members Advantage Credit Union</u> Account No. 25011-23169	1996 Credit Card or Credit Use	H \$ 100
c/o Dependon Collection Servic PO Box 274 Melrose Park IL 60161		

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
54 <u>Mid-City National Bank of Chia</u> Account No. U40668  c/o JBC & Assoc. 2 Broad St. 6th Fl. Bloomfield NJ 07003	1991  NSF Checks	H \$ 200
55 <u>Midwest Diagnostic Pathology</u> Account No. 861-1-0001501563  Bankruptcy Department 75 Remittance Dr., Ste. 3070 Chicago IL 60675	2004  Medical/Dental Services	W \$ 20
56 <u>Midwest Diagnostic Pathology</u> Account No. 861-1-0001514604  Bankruptcy Department 75 Remittance Dr., Ste. 3070 Chicago IL 60675	2004  Medical/Dental Services	W \$ 25
57 <u>Midwest Emergency Physicians</u> Account No.  c/o American Creditors Bureau PO Box 21224 Phoenix AZ 85036	1990  Medical/Dental Services	W \$ 100
58 <u>Miguel J. Palacios</u> Account No.  Bankruptcy Department 1522 W. Chicago Ave. Chicago IL 60622	1995  Medical/Dental Services	W \$ 170
59 <u>Modern American X-Ray</u> Account No. 589419  c/o Todd J. Stephens PO Box 5368 Evanston IL 60204	1992  Medical/Dental Services	W \$ 50

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
60 <b>National Quik Cash</b> Account No. 929-20-001-0027519  Bankruptcy Department 2349 W. 95th Chicago IL 60643	2004  PayDay Loan	W \$ 800
61 <b>NModern American X-Ray</b> Account No. 1299402-802/1299388-802 c/o Harvard Collection 4839 N. Elston Chicago IL 60630	1995  Medical/Dental Services	W \$ 55
62 <b>North Central Radiology, SC</b> Account No. 042-2-0000230417042-2-4209339237 Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	2002  Medical/Dental Services	W \$ 100
63 <b>Northside Health Service</b> Account No. 8080742  c/o Harvard Collection 4839 N. Elston Ave. Chicago IL 60630	2004  Medical/Dental Services	W \$ 100
64 <b>Northside Neonatal &amp; Infant</b> Account No. 8788581  Bankruptcy Department 9410 Compubill Dr. Orland Park IL 60462	2004  Medical/Dental Services	W \$ 300
65 <b>Northside Radiology</b> Account No.  c/o Northwest Collection Inc. 3601 Algonquin Rd. Suite 500 Rolling Meadows IL 60008	1999  Medical/Dental Services	W \$ 50

Case No. :

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
66 <b>Northside Radiology Services</b> Account No. 207988  Bankruptcy Department Dept. 857-0409w Palatine IL 60094	1996  Medical/Dental Services	W  \$ 50
67 <b>Northwest Community Hospital</b> Account No. 25774841  Attn: Bankruptcy Dept. 3060 Salt Creek #110 Arlington Heights IL 60005 CB Accounts Attn: Bankruptcy Dept. 1101 Main Street Peoria IL 61606-1928	2002  Medical/Dental Services	H  \$ 150
	Representing: <u>Northwest Community Hospital</u>	
68 <b>Northwest Community Hospital</b> Account No. 25777361  Attn: Bankruptcy Dept. 3060 Salt Creek #110 Arlington Heights IL 60005	2002  Medical/Dental Services	H  \$ 450
69 <b>Northwest Radiology Assoc., SC</b> Account No. 8425774841  Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148 KCA Financial Services Bankruptcy Department 628 North St Geneva IL 60134	2003  Medical/Dental Services	H  \$ 50
	Representing: <u>Northwest Radiology Assoc., SC</u>	
70 <b>Northwest Radiology Assoc., SC</b> Account No. 0848425774841  Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	2002  Medical/Dental Services	H  \$ 300

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
71 <b><u>Northwest Suburban Pain Center</u></b> Account No. 002012409  Bankruptcy Department PO Box 88648 Chicago IL 60680-1647	2002  Medical/Dental Services	H \$ 400
72 <b><u>Norwegian American Hospital</u></b> Account No. 000586110  c/o American Recovery Systems 8501 W. Higgins Rd. Suite 780 Chicago IL 60631	1988-1990  Medical/Dental Services	W \$ 1,500
73 <b><u>Norwegian American Hospital</u></b> Account No. 001046110  c/o American Recovery Systems 8501 W. Higgins Rd. Suite 780 Chicago IL 60631	Year _____  Medical/Dental Services	H \$ 200
74 <b><u>Norwegian American Hospital</u></b> Account No. 000486581  c/o American Recovery Systems 8501 W. Higgins Rd. Suite 780 Chicago IL 60631	1992  Medical/Dental Services	H \$ 400
75 <b><u>Norwegian American Hospital</u></b> Account No. N000206938  c/o Revenue Production Managem PO Box 598148 Chicago IL 60659	1993  Medical/Dental Services	W \$ 3,700
76 <b><u>Norwegian American Hospital</u></b> Account No. 000962464  c/o Abacus Financial Managemen PO Box 1188 Des Plaines IL 60017	1994-1997  Medical/Dental Services	W \$ 1,400

Case No. : \_\_\_\_\_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
77 <u>Norwegian American Hospital</u> Account No. 001638022  c/o Abacus Financial Management PO Box 1188 Des Plaines IL 60017	1988-1997  Medical/Dental Services	W \$ 500
78 <u>Norwegian American Hospital</u> Account No. 001241462  c/o Abacus Financial Management PO Box 1188 Des Plaines IL 60017	1988-1997  Medical/Dental Services	W \$ 200
79 <u>Norwegian American Hospital</u> Account No. 001710953  c/o Abacus Financial Management PO Box 1188 Des Plaines IL 60017	1988-1997  Medical/Dental Services	W \$ 50
80 <u>Norwegian American Hospital</u> Account No. 001227651  c/o Abacus Financial Management PO Box 1188 Des Plaines IL 60017	1988-1997  Medical/Dental Services	W \$ 400
81 <u>Norwegian American Hospital</u> Account No. 754182  c/o Harris & Harris Ltd. 100 S. Wacker Dr. Suite 225 Chicago IL 60606	1988-1997  Medical/Dental Services	W \$ 250
82 <u>Norwegian American Hospital</u> Account No. 736817  c/o Harris & Harris Ltd. 100 S. Wacker Dr. Suite 225 Chicago IL 60606	1988-1997  Medical/Dental Services	W \$ 175

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
83 <u>Norwegian American Hospital</u> Account No. 721185  c/o Harris & Harris Ltd 100 S. Wacker Dr. Suite 225 Chicago IL 60606	1988-1997 Medical/Dental Services	W \$ 300
84 <u>Norwegian American Hospital</u> Account No. 728124  c/o Harris & Harris Ltd 550 W. Jackson Blvd. Suite 405 Chicago IL 60661	1988-1997 Medical/Dental Services	W \$ 350
85 <u>Norwegian American Hospital</u> Account No. 668759  c/o Harris & Harris Ltd 550 W. Jackson Blvd. Suite 405 Chicago IL 60661	1988-1997 Medical/Dental Services	W \$ 200
86 <u>Norwegian American Hospital</u> Account No. N005397641  c/o Computer Credit Inc. 640 W. 4th St. Winston-Salem NC 27113	Year _____ Medical/Dental Services	W \$ 50
87 <u>Norwegian American Hospital</u> Account No. N005697750  c/o Computer Credit Inc. 640 W. 4th St. Winston-Salem NC 27113	1988-1997 Medical/Dental Services	W \$ 50
88 <u>Norwegian American Hospital</u> Account No. N005962535  c/o Computer Credit Inc. 640 W. 4th St. Winston-Salem NC 27113	1988-1997 Medical/Dental Services	W \$ 50

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
89 <u>Norwegian American Hospital</u> Account No. N005697743  c/o Computer Credit Inc. 640 W. 4th St. Winston-Salem NC 27113	1988-1997  Medical/Dental Services	W \$ 50
90 <u>Norwegian American Hospital</u> Account No. N005009253  c/o Computer Credit Inc. 640 W. 4th St. Winston-Salem NC 27113	1988-1997  Medical/Dental Services	W \$ 50
91 <u>Norwegian American Hospital</u> Account No. N005059902  c/o Computer Credit Inc 640 W. 4th St. Winston-Salem NC 27113	1988-1997  Medical/Dental Services	W \$ 50
92 <u>Norwegian American Hospital</u> Account No. N005261268  c/o Computer Credit Inc. 640 W. 4th St. Winston-Salem NC 27113	1988-1997  Medical/Dental Services	W \$ 50
93 <u>Norwegian American Hospital</u> Account No. 93-25013-0  c/o Grabowski & Clutts PO Box 597814 Chicago IL 60659	1988-1997  Medical/Dental Services	W \$ 350
94 <u>Norwegian American Hospital</u> Account No. 30333157  c/o Guardian Collection Service Dept. 97833 Chicago IL 60678	1988-1997  Medical/Dental Services	W \$ 150

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
95 <u>Norwegian American Hospital</u> Account No. N002758399  Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1988-1997  Medical/Dental Services	W \$ 450
96 <u>Norwegian American Hospital</u> Account No. N001763556  Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1988-1997  Medical/Dental Services	W \$ 150
97 <u>Norwegian American Hospital</u> Account No. N001763531  Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1988-1997  Medical/Dental Services	W \$ 150
98 <u>Norwegian American Hospital</u> Account No. N005221841  Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1988-1997  Medical/Dental Services	H \$ 50
99 <u>Norwegian American Hospital</u> Account No. N000885467  Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1991  Medical/Dental Services	W \$ 200
100 <u>Norwegian American Hospital</u> Account No. I2000-0001701  Attn: Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1988-1997  Medical/Dental Services	\$ 50

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
101 <u>Norwegian American Hospital</u> Account No. N005186044  Attn: Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1999  Medical/Dental Services	W \$ 300
102 <u>Norwegian American Hospital</u> Account No. N005213830  Attn: Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1999  Medical/Dental Services	W \$ 300
103 <u>Norwegian American Hospital</u> Account No. I2000-0008134  Attn: Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1998  Medical/Dental Services	W \$ 100
104 <u>Norwegian American Hospital</u> Account No. N005298070  Attn: Bankruptcy Department 1044 N. Francisco Ave. Chicago IL 60622	1999  Medical/Dental Services	W \$ 300
105 <u>Norwegian Prohealth Clinic</u> Account No. P000098913  c/o Credit Bureau Accounts PO Box 1289 Peoria IL 61601	1988-1997  Medical/Dental Services	W \$ 100
106 <u>Payday Today Loans</u> Account No. 001-0027519  Bankruptcy Department 4016 1/2 N. Cicero Chicago IL 60641	2004  PayDay Loan	W \$ 300

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
107 <u>Prime Cable of Chicago</u> Account No. 01-054005-13922769  Attn: Bankruptcy Department 3970 N. Milwaukee Chicago IL 60641	1998  Utility Bills/Cellular Service	W  \$ 150
108 <u>Prohealth Emergency Room</u> Account No. MULTIPLE ACCOUNTS  c/o Anacus PO box 1188 Des Plaines IL 60017	1996  Medical/Dental Services	W  \$ 500
109 <u>Prohealth Emergency Room</u> Account No. MULTIPLE ACCOUNTS  Bankruptcy Department 135 S. LaSalle Chicago IL 60674	1996  Medical/Dental Services	H  \$ 670
110 <u>Prohealth Emergency Room</u> Account No. MULTIPLE ACCOUNTS  Bankruptcy Department 135 S. LaSalle Chicago IL 60674	1998  Medical/Dental Services	H  \$ 400
111 <u>Prohealth Emergency Room</u> Account No. MULTIPLE ACCOUNTS  Bankruptcy Department 135 N. LaSalle Chicago IL 60674	1999  Medical/Dental Services	W  \$ 125
112 <u>Prohealth Emergency Room</u> Account No. 13580 W  Bankruptcy Department 135 S. LaSalle Chicago IL 60674	1994  Medical/Dental Services	W  \$ 115

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
113 <b><u>Prohealth Medical Center</u></b> Account No. P000138024  Bankruptcy Department 135 S. LaSalle St. Chicago IL 60674	1997  Medical/Dental Services	W \$ 50
114 <b><u>Rafael Campanini MD</u></b> Account No. 32254435  Bankruptcy Department PO Box 34860 Chicago IL 60634	1993  Medical/Dental Services	W \$ 40
115 <b><u>Ravenswood Hospital</u></b> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 5132 N. Elston Chicago IL 60630	1999  Medical/Dental Services	W \$ 250
116 <b><u>Richard C. Turbin MD</u></b> Account No. 16121  Bankruptcy Department 5011 W. Fullerton Ave. Chicago IL 60639	1990  Medical/Dental Services	W \$ 50
117 <b><u>Spiegel</u></b> Account No. 6218-7820-0004-8478  Bankruptcy Dept. PO Box 9204 Old Bethpage NY 11804	2003  Credit Card or Credit Use	W \$ 200
118 <b><u>St. Elizabeth Ambulatory Care</u></b> Account No. 14580  Bankruptcy Department 135 S. LaSalle St. Chicago IL 60674	2003  Medical/Dental Services	W \$ 20

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
119 <b><u>St. Elizabeth's Hospital</u></b> Account No. MULTIPLE ACCOUNTS	2004 Medical/Dental Services	W \$ 500
Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622		
TRSI Inc. Bankruptcy Department PO Box 2170 Aurora IL 60507	Representing: <u>St. Elizabeth's Hospital</u>	
120 <b><u>St. Elizabeth's Hospital</u></b> Account No. MULTIPLE ACCOUNTS	2004 Medical/Dental Services	W \$ 700
Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622		
121 <b><u>St. Elizabeth's Hospital</u></b> Account No. 0102-995860	2003 Medical/Dental Services	W \$ 415
Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622		
Jeffrey L. Rosen Bankruptcy Department 541 Otis Bowen Dr. Munster IN 46321	Representing: <u>St. Elizabeth's Hospital</u>	

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
122 <u>St. Elizabeth's Hospital</u> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622  Trustmark Recovery Services Bankruptcy Department 541 Otis Bowen Dr. Munster IN 46321	2003  Medical/Dental Services  Representing: <u>St. Elizabeth's Hospital</u>	W \$ 400
123 <u>St. Elizabeth's Hospital</u> Account No. MULTIPLE ACCOUNTS  Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622	2003  Medical/Dental Services	W \$ 150
124 <u>St. Elizabeth's Hospital</u> Account No. E000096710601  Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622	2003  Medical/Dental Services	W \$ 350
125 <u>St. Elizabeth's Hospital</u> Account No. 8717681  Attn: Bankruptcy Department 1431 N. Claremont Ave. Chicago IL 60622	1995  Medical/Dental Services	W \$ 250

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
126 <u>St. Mary of Nazareth Hospital</u> Account No. 000519982-3039  Bankruptcy Department 2233 W. Division Chicago IL 60622 RPM, Inc. Bankruptcy Department PO Box 598148 Chicago IL 60659-8148	2003  Medical/Dental Services  Representing: <u>St. Mary of Nazareth Hospital</u>	H \$ 200
127 <u>St. Mary of Nazareth Hospital</u> Account No. 000472990  Bankruptcy Department 2233 W. Division Chicago IL 60622	1998  Medical/Dental Services	W \$ 25
128 <u>St. Mary of Nazareth Hospital</u> Account No. 000951729  Bankruptcy Department 2233 W. Division Chicago IL 60622	2003  Medical/Dental Services	H \$ 20
129 <u>Target</u> Account No. 3885081-606  Attn: Bankruptcy Dept. 700 On the Mall Minneapolis MN 55402-2065 Cash Flow Consultants Attn: Bankruptcy Dept. PO Box 1527 Bridgeview IL 60455	1997-1998  Credit Card or Credit Use  Representing: <u>Target</u>	W \$ 150
130 <u>TCF National Bank</u> Account No. 221669  Bankruptcy Dept 800 Burr Ridge Parkway Burr Ridge IL 60521	1998-1999  Credit Card or Credit Use	J \$ 350

Case No. : \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Date Claim Was Incurred Account #	Claim Amount Consideration for claim hwjc
131 <u>United Credit National Bank</u> Account No. 4777-6708-2013-4784	1994-1996 Credit Card or Credit Use	W \$ 400
Bankruptcy Department PO Box 1229 Sioux Falls SD 57107 Genesis Financial Solutions Bankruptcy Department PO Box 2445 Harker Heights TX 76548	Representing: <u>United Credit National Bank</u>	
132 <u>Village of Mount Prospect</u> Account No. 0203141	2002 Fines	H \$ 200
c/o Armor Systems 2322 N. Green Bay Rd. Waukegan IL 60087		
	<b>TOTAL</b>	<b>\$ 58,127</b>

In re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contracts, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing address of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

Name and Address of Other Parties to Instrument

Notes of contract or Lease and Debtor's Interest

[x] None

Case No. : \_\_\_\_\_

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

Name and Address of Codebtor

Name and Address of Creditor

---

None

In re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

Dependent(s)	KMO, 16, dependent JMO, 14, dependent SMAO, 4 months, dependent		
<b>Debtor's Marital Status:</b>	<b>Married</b>		
<b>EMPLOYMENT:</b>		<b>SPOUSE</b>	
Occupation:	Clerical Worker	Clerical Worker	
Name of Employer:	Risk Management	Keystone Aniline	
Years Employed	2 Years	11 Years	
Employer Address:	2200 S. Busse Rd Mt. Prospect	2501 W. Fulton Chicago	IL 60612
	IL 60056		
		<b>DEBTOR</b>	<b>SPOUSE</b>
<b>INCOME:</b>			
Current monthly gross wages, salary, and commissions		2,039.70	2,379.87
Estimated Monthly overtime		0.00	0.00
		<b>SUBTOTAL</b>	
<b>LESS PAYROLL DEDUCTIONS</b>			
a. Payroll taxes and social security		212.23	322.49
b. Insurance		0.00	81.03
c. Union dues		0.00	0.00
d. Other: Pension child support		0.00	0.00
		19.33	216.67
		<b>SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$231.55</b>
		<b>TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$620.19</b>
Regular income from operation of business or profession or farm (attach detailed statement)		\$ 0.00	\$ 0.00
Income from real property		\$ 0.00	\$ 0.00
Interest and dividends		\$ 0.00	\$ 0.00
Alimony, maintenance or support payments payable to debtor for the debtor's use or that of dependents listed above		\$ 0.00	\$ 0.00
Social Security or other government assistance		\$ 0.00	\$ 0.00
Pension or retirement income		\$ 0.00	\$ 0.00
Other monthly income		\$ 0.00	\$ 0.00
		<b>TOTAL MONTHLY INCOME</b>	<b>\$ 1,808.15</b>
		<b>TOTAL COMBINED MONTHLY INCOME</b>	<b>\$ 3,567.83</b>

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re: Miguel A Ortiz and Angie Ortiz / Debtors**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	1st Mortgage/Rent	750.00
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2nd Mortgage	0.00
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3rd Mortgage	0.00
Utilities: Electricity and heating fuel	\$	300.00
Water and Sewer	\$	0.00
Telephone	\$	75.00
Other	\$	0.00
\$	\$	0.00
Home maintenance (repairs and upkeep)	\$	0.00
Food	\$	500.00
Clothing	\$	125.00
Laundry and Dry Cleaning	\$	40.00
Medical and Dental expenses , Rx Medicines	\$	100.00
Transportation (not including car payments)	\$	269.00
Recreation, clubs, and entertainment, etc.	\$	0.00
Newspapers, Magazines	\$	30.00
Charitable contributions	\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or Renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	153.00
Other	\$	
Taxes (not deducted from wages or included in home mortgage payments.)	\$	0.00
Installment Payments:		
Auto	\$	0.00
Other	\$	
Auto Repair	\$	100.00
Alimony, maintenance, and support paid to others	\$	0.00
Payments for support of additional dependents not living at your home		
Regular expenses from operation of business, profession, farm (attach detailed statement)		
Other		
Haircuts	\$	80.00
Personal Care, Non-Rx,Toiletries,Cleaning Supplies	\$	65.00
Postage/Banking	\$	35.00
Contacts	\$	0.00
Babysitting/Childcare		
Tuition, Books	\$	0.00
Student Loans	\$	0.00
Child Care	\$	320.00
	\$	0.00
<b>TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)</b>	<b>\$</b>	<b>2,942.00</b>
<b><u>FOR CHAPTER 12 AND 13 DEBTORS ONLY</u></b>		
A. Total projected monthly income	\$	3,567.83
B. Total projected monthly expenses	\$	2,942.00
C. Excess income (A minus B)	\$	625.83

In re: Miguel A Ortiz and Angie Ortiz / Debtors

---

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate

D. Total amount to be paid into plan monthly	\$	625.00
--	----	--------

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In Re:

Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

Attorney for Debtor: Andrew B Nelson

For: Peter Francis Geraci

SUMMARY OF SCHEDULES

NAME OF SCHEDULE	ATTACHED (YES / NO)	PAGES	A M O U N T S	S C H E D U L E D
			ASSETS	LIABILITIES
SCHEDULE A - Real Property	Yes	1		
SCHEDULE B - Personal Property	Yes	—	33,000	
SCHEDULE C - Exempt	Yes	—		
SCHEDULE D - Secured	Yes	—		31,549
SCHEDULE E - UnSecured Priority	Yes	1		3,867
SCHEDULE F - UnSecured NonPriority	Yes	—		58,127
SCHEDULE G - Executory Contracts	Yes	—		
SCHEDULE H - CoDebtors	Yes	1		
SCHEDULE I - Income	Yes	1		3,568
SCHEDULE J - Expenditures	Yes	1		2,942
			\$ 33,000	\$ 93,543

In Re: **Miguel A Ortiz and Angie Ortiz / Debtors**

Case No. : \_\_\_\_\_

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL/JOINT DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**Sign: X**

Dated: 6/26

/2004

Miguel A Ortiz

**Sign: X**

Dated: 6/26

/2004

Angie Ortiz

**SIGN AND DATE ABOVE**

In Re: Miguel A Ortiz and Angie Ortiz / Debtors

Case No. : \_\_\_\_\_

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

#### DEFINITIONS

"In business." A debtor is "in business" for the purpose of this statement if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. 101

01. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS: Identify all sources of income if there is more than one. State the gross amount of income debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the 2 years immediately preceding this case calendar year.

Debtor

2004.....: Approx. \$24,000.00  
2003.....: Approx. \$22,000.00  
2002.....: Approx. \$21,500.00

Source.....: Employment

Spouse

Spouse  
2004.....: Approx. \$29,000.00  
2003.....: Approx. \$27,800.00  
2002.....: Approx. \$26,900.00  
Source.....: Employment

02. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS: State the amount of income received by the debtor OTHER than from employment, trade, profession, or operation of the debtor's business during the 2 years immediately preceding the commencement of this case. Include all payments received from any source. Indicate multiple sources of income.

[x] None

Spouse

[x] None

03. PAYMENTS TO CREDITORS: List all payments on loans, installments, purchases of goods or services, and other debts, aggregating more than \$600.00 to any creditor, made within 90 days immediately preceding the commencement of this case. INCLUDE MORTGAGE AND VEHICLE PAYMENTS MADE IN THE LAST 3 MONTHS.

[x] None

03b PAYMENTS TO RELATIVES OR INSIDERS List all payments made within 1 year immediately preceding the commencement of this case or for the benefit of creditors who are or were insiders.

[x] None

04b: WAGES OR ACCOUNTS GARNISHED: List all property that has been attached, garnished or seized under any legal or equitable process within 1 year:

Beneficiary of Seizure:HESSA

Address.....:

Seizure Date.....:Bi-weekly

Property Description.:Student Loan

Value.....:\$85.00/bi-weekly

05. REPOSSESSION, FORECLOSURES AND RETURNS: List all property repossessed, sold at foreclosure sale, deed in lieu of foreclosure, returned to the seller, within 1 year of filing this bankruptcy: [x] None

06. ASSIGNMENTS AND RECEIVERSHIPS: List assignment of property for benefit of creditors within 120 days before filing this bankruptcy:

Assignee:HESAA

Address.:

Date....:Bi-Weekly

Terms...:\$86.00/bi-weekly

List any property in the hands of a custodian, receiver, or court-appointed official within 1 year of today.

[x] None

07. GIFTS: List all gifts or charitable contributions you made within 1 year before filing this bankruptcy case except ordinary & usual gifts or family members less than \$200.00 total per individual family member, & charity contributions less than \$100.00 per recipient.

[x] None

08. LIST ALL FIRE, THEFT OR GAMBLING LOSSES WITHIN 1 YEAR OF TODAY:

[x] None

09. LIST ALL PAYMENTS TO CREDIT COUNSELORS OR BANKRUPTCY ATTORNEYS INCLUDING PETER FRANCIS GERACI: (by you, or by others for you, within 1 year of today)

Payee.....: Law Offices of Peter Francis Geraci

Address.....: 55 East Monroe Street

Address2.....: Suite 3400

Address3.....: Chicago IL 60603

Date of Payment.: /

Payor.....: Debtor

Payment/Value.....: 2,700.00

In addition to Peter Francis Geraci and his employees of his firm, I hired, at no additional fee, attorneys listed on my contract of representation to work on my case.

[x] None

10. If you transferred any property of any kind, either absolutely or as security, within 1 year of today, give details: (Including but not limited to: vehicle trades, transfers or sales, loans against property, divorce transfers, quit-claim deeds, trusts)

[x] None

11. If you CLOSED or TRANSFERRED any checking savings, pension, stock, brokerage, mutual fund, credit union or other accounts within 1 year of today, list details:

[x] None

12. LIST ANY SAFETY DEPOSIT BOXES OR OTHER DEPOSITORY PLACES the debtor has or had securities, cash, or other valuables within 1 year of today:

[x] None

13. LIST ALL SETOFFS by any creditor, such as a bank or credit union, against a debt or deposit of yours within the past year.

[x] None

14. LIST ALL PROPERTY THAT YOU HOLD FOR ANOTHER PERSON: (Including but not limited to: minor's accounts, vehicle in your name that is really someone else's, accounts or property or items you are on title to or in possession of)

[x] None

16. COMMUNITY PROPERTY STATES WISCONSIN & OTHERS: If you live or did live in a community property state or territory (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) in last 6 years, name your spouse & ex-spouse & the community property state. [x] None

17. ENVIRONMENTAL INFORMATION: "Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of the these substances, wastes, or material.  
"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites."Hazardous material" means anything defined as a hazardous waste, hazardous or toxic substances, pollutant, or contaminant, etc. under environmental Law.

a. If you have received notice of violation of any ENVIRONMENTAL LAW VIOLATION, list name & address of every site & the governmental unit, date of the notice, & Environmental law: [x] None

b. If you provided notice of release of Hazardous Material, list name and address of every site and governmental unit. [x] None

c. If you were party to any Environmental Law judicial or administrative proceedings, orders or settlements, give the name & address of governmental unit that is or was a party to the proceedings,& docket number. [x] None

18. a. List names, addresses,taxpayer ID #, nature of business,begin & end dates all businesses, sole-proprietors, partnerships, corporations in which you had any interest, office, 5% of more voting or equity interest within 6 years of today. List same if debtor is partnership or corporation. [x] None

Name Taxpayer ID# ADDRESS NATURE DATES

b. Identify any business listed above that is a "single asset real estate" as defined in 11 U.S.C. 101. [x] None

b. Identify any business listed in subdivision a.that is "single asset real estate" as defined in 11 U.S.C. 101. [x] None

19. List all bookkeepers and accountants in the last 2 years who kept, or supervised the keeping of, your books of account and records. [x] None

b. List all firms or individuals who have audited the books of account and records, or prepared a financial statement of yours in the last 2 years. [x] None

c. List all firms or individuals who are now in possession of your books of account and records of the debtor. If any books or records are not available, explain. [x] None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the last 2 years. [x] None

20. INVENTORIES [x] None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above. [x] None

21A. Only if you are a partnership, list nature and percentage of interest of each member of it. [x] None

b. Only if debtor is a corporation, list officers & directors, each stockholder who directly or indirectly owns, controls, or holds 5% or more of the voting or equity securities of the corporation.  None

22. ONLY IF debtor is a partnership, list each member who withdrew from the partnership within 1 year.  None

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within 1 year immediately preceding the commencement of this case.  None

23. ONLY IF DEBTOR IS A PARTNERSHIP OR CORPORATION, list withdrawals or distributions or payments, bonuses, loans etc. to insiders, including compensation in any form, in past year.  None

24. ONLY IF YOU ARE A CORPORATION, list information of parent corporation and taxpayer ID number in last 6 years.  None

25. ONLY IF debtor is not an individual, list name & federal taxpayer ID number of any pension fund to which debtor, as an employer, was responsible for contributing in last 6 years.  None

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing Statement of Financial Affairs and any attachments thereto and that they are true and correct.

Dated: 6, 26 /2004 Sign: **X** Miguel A. Ortiz  
Miguel A. Ortiz

Dated: 6, 26 /2004 Sign: **X** Angie Ortiz  
Angie Ortiz

**SIGN AND DATE ABOVE AFTER READING IT**

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. SS 152 and 3571.

1. DEBTS TO A SPOUSE, EX-SPOUSE OR CHILD OF YOURS FOR ALIMONY, MAINTENANCE & SUPPORT in connection with a separation agreement, divorce decree or court order. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are GENERALLY dischargeable. They are NON-DISCHARGEABLE only if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child.

2. STUDENT LOANS, TUITION, EDUCATIONAL BENEFITS if government insured loan or owed to non-profit school unless you file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win.

3. CO-SIGNERS, JOINT APPLICANTS AND JOINT CARD HOLDERS ARE NOT PROTECTED. Creditors can collect from co-signers and put your bankruptcy on their credit report. You can usually prevent this by continuing to make the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.

4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

- (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case.
- (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director.
- (3). You did not wilfully intend to evade the tax.
- (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but no trust fund taxes like the employee's funds or sales tax.

5. FINES OR PENALTIES OWED TO A GOVERNMENTAL UNIT. Parking & Traffic tickets, building code violations.

6. NON-FILING HUSBAND OR WIFE. If you choose to file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses such as medical bills, rent and necessities may be collected from a non-filing spouse. In Wisconsin, community property is liable for community debts.

7. DUI PERSONAL INJURIES, DEBTS YOU DONT LIST.

8. DEBTS WHERE OBJECTION TO DISCHARGE IS SUCCESSFUL. Creditors, the Trustee, or the Court, can try to deny you a discharge based on many factors, INCLUDING:

- a. Income sufficient to pay a percentage of your unsecured debt.
- b. Failure to keep books and records documenting your financial affairs.
- c. Luxury purchases or cash advances, either shortly before filing or without intent or ability to repay.
- d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
- e. BENEFITS OVERPAYMENTS like aid or unemployment if a determination of fraud has been made before or during your bankruptcy.
- f. Failure to appear at meetings, court dates, or co-operate with Trustee.

9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.

10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not protected on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors. The trustee can also challenge and deny exemptions you claim.

11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY BEYOND TODAY IS YOUR RESPONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but cannot guarantee that a judge will or will not rule against you. You must accept the risk of a judge ruling against you, as in any lawsuit.

12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.

13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.

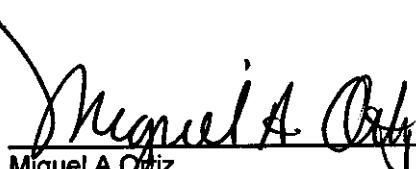
14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.

15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.

16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together despite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.

17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!



Miguel A Ortiz



Angie Ortiz

Advocate Illinois Masonic  
Bankruptcy Department  
22393 Network Pl.  
Chicago, IL 60673

Advocate Illinois Masonic  
Bankruptcy Department  
22393 Network Pl.  
Chicago, IL 60673

Advocate Illinois Masonic  
Bankruptcy Department  
22393 Network Pl.  
Chicago, IL 60673

Advocate Illinois Masonic  
Bankruptcy Department  
22393 Network Pl.  
Chicago, IL 60673

Advocate Illinois Masonic  
Bankruptcy Department  
22393 Network Pl.  
Chicago, IL 60673

Advocate Illinois Masonic  
Bankruptcy Department  
22393 Network Pl.  
Chicago, IL 60673

Advocate Northside Health Syst  
Bankruptcy Department  
22481 Network Pl.  
Chicago, IL 60673

Capital One  
Bankruptcy Department  
PO Box 60000  
Seattle, WA 98190

Capital One  
Bankruptcy Department  
PO Box 60000  
Seattle, WA 98190

Card member Services  
NO SUCH NUMBER DO NOT USE  
PO Box 22058  
Tulsa, OK 74121

Centennial Medical Management  
c/o Healthcare Revenue Managem  
3500 W. Peterson Ave.  
Chicago, IL 60659

Child Support Enforcement  
Attn: Bankruptcy Dept.  
PO Box 19405  
Springfield, IL 62794

Childrens Memorial  
Attn: Bankruptcy Department  
2300 Childrens  
Chicago, IL 60614

Childrens Memorial  
Attn: Bankruptcy Department  
2300 Childrens  
Chicago, IL 60614

Childrens Memorial  
Attn: Bankruptcy Department  
2300 Childrens  
Chicago, IL 60614

Childrens Memorial  
Attn: Bankruptcy Department  
2300 Childrens  
Chicago, IL 60614

Children's Surgical Foundation  
Bankruptcy Department  
Dept. 77-3383  
Chicago, IL 60678

City of Chicago Bureau Parking  
Bankruptcy Department  
333 S. State St., Rm. 540  
Chicago, IL 60604

City of Chicago Bureau Parking  
Bankruptcy Department  
333 S. State St., Rm. 540  
Chicago, IL 60604

City of Chicago Bureau Parking  
Bankruptcy Department  
333 S. State St., Rm. 540  
Chicago, IL 60604

City of Chicago Bureau Parking  
Bankruptcy Department  
333 S. State St., Rm. 540  
Chicago, IL 60604

City of Chicago Bureau Parking  
Bankruptcy Department  
333 S. State St., Rm. 540  
Chicago, IL 60604

Costep  
Bankruptcy Department  
PO Box 809  
Canyon, TX 79015

Cub Foods  
Bankruptcy Department  
600 E. Rand Rd.  
Arlington Heights, IL 60004

Dental Team  
c/o Credit Management Services  
PO Box 91870  
Elk Grove Village, IL 60009

Diverfied Emergency Service  
c/o Credit Systems Internation  
PO Box 1088  
Arlington, TX 76004

Diversified Emergency Services  
c/o Van Ru Credit Corp.  
10024 Skokie Blvd. Suite 3  
Skokie, IL 60077

Diversified Emergency Services  
c/o Van Ru Credit Corp.  
10024 Skokie Blvd.  
Skokie, IL 60077

Diversified Emergency Services  
c/o Van Ru Credit Corp.  
10024 Skokie Blvd. Suite 3  
Skokie, IL 60077

Diversified Emergency Services  
c/o Medtrust Healthcare Servic  
4849 Greenville Ave. Suite 400  
Dallas, TX 75206

Dominick's  
Bankruptcy Department  
711 Jorie Blvd.  
Oak Brook, IL 60523

Dr. Banuchi & Banuchi S.C.  
c/o Dependon Collection Servic  
PO Box 6074  
River Forest, IL 60305

Dr. Howard Lopata  
c/o Illinois Collection Servic  
PO Box 646  
Oak Lawn, IL 60454